

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>149</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>940</u>
Town of <u>Miami</u>			Local Registrar No. _____
or _____			
City of _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		St. _____ Ward _____
2. Full name of child <u>Dorothy Louise Sandige</u>			If child is not yet named, make supplemental report, as directed.
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimacy? <u>yes</u>
5. No., in order of birth <u>3</u>		7. Date of birth <u>Nov. 8 - 1924</u>	
8. FATHER		MOTHER	
Full name <u>William Alvin Sandige</u>		Full maiden name <u>Mabel Evelyn Skelton</u>	
9. Residence (Usual place of abode) <u>Miami</u>		15. Residence (Usual place of abode) <u>Miami</u>	
If nonresident, give place and state <u>Ariz.</u>		If nonresident, give place and state <u>Arizona</u>	
10. Color or race <u>Cauc</u>		16. Color or race <u>Cauc</u>	
11. Age at last birthday <u>30</u> (Years)		17. Age at last birthday <u>21</u> (Years)	
12. Birthplace (city or place) _____ (State or country)		18. Birthplace (city or place) _____ (State or country)	
13. Occupation		19. Occupation	
Nature of industry <u>Agriculturist</u>		Nature of industry <u>Housewife</u>	
20. Number of children of this mother _____ (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(a) Born alive and now living _____			
(b) Born alive but now dead _____			
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>1 1/4</u> on the date above stated. (Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>Byril M. Brown M.D.</u> (Physician or midwife)	
Given name added from _____		Address <u>Miami, Arizona</u>	
1 supplemental report _____		Filed <u>Dec 31, 1924</u>	
Month, day, year.		Local Registrar. <u>B. E. Davis</u>	
Registrar. _____		County Registrar. _____	

425-1108-425